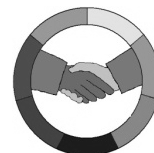


Matlock Hospitals League of Friends

Charity No 260510



Response to

Better Care Closer To Home Consultation

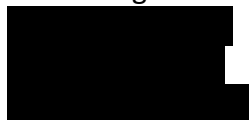
Issued by North Derbyshire & Hardwick
Clinical Commissioning Groups (CCG)

With special consideration of The Whitworth Hospital

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1	<p>A brief History of Matlock Hospitals League of Friends</p>	<p>The Whitworth Hospital was founded and endorsed by monies left on the death of Sir Joseph Whitworth. It was conveyed to Trustees in whom it was rested for the good of the public forever. Income came from endowments, legacies, donation and annual subscriptions. It flourished and, as now, was always appreciated and supported by the local community.</p> <p>On 5th July 1948 with the inauguration of the NHS it was transferred to national ownership.</p> <p>In 1967 at a packed meeting it was agreed to form a Hospitals League of Friends which has subsequently gone from strength to strength. In the first 40 years the League spent £2million on the hospital including building the Physiotherapy and X-Ray departments, extending the Minor Injuries Unit (MIU) and part funding clinic areas and extra single in-patient rooms.</p> <p>Spending is now well into the 3rd million and recently £400,000 helped Derbyshire Community Health Services NHS Trust (DCHS) to provide five more bed spaces. Only six months ago two end of life care beds were purchased at a cost of over £10,000 each.</p> <p>The League is wealthy and its supporters would continue to help Oker Ward at The Whitworth Hospital if it remains.</p>
2	<p>Consultation timing and distribution</p>	<p>Public Notice of the Consultation has been totally inadequate. Local Newspapers are not now extensively read and the initial 'leaflet drop' was mixed in with other advertising material which is routinely immediately disposed of by recipients.</p> <p>This matter has been raised within the Consultation period and a further leaflet drop which was promised was not undertaken.</p> <p>Quite incredibly, the initial round of Public Meetings did not include one in the Matlock/Darley Dale area at all, and had to be insisted upon by us. Following that first meeting, a second was planned in a larger venue due to the amount of people unable to find space in the first venue.</p> <p>No date for a Matlock/Darley Dale meeting was shown in the initial leaflet drop, since none was planned.</p> <p>No date for the second meeting was shown either in the initial leaflet drop or the main Public Consultation document.</p> <p>We delivered our own leaflets in Matlock to publicise the second meeting but were unable to cover a fraction of the affected area.</p>

			<p>We have spent most of our time raising awareness of the consultation and still we find people who know nothing about it. The CCG effort was predictably inadequate given the controversial proposals.</p>
3		<p>Consultation Public Brochure wording and Business Case</p>	<p>There is no evidence that the new systems will work. The design of the cover does not indicate the drastic changes proposed and the wording only suggests another vague public meeting.</p> <p>Very few have been picked up at Doctor's Surgeries, Libraries or elsewhere before the League attempted to publicise it.</p> <p>The Questionnaire is far far too long and too complicated. Any attempt to fill in all the spaces results in contradictions between one answer and another. Most people take one look, are put off by its appearance and decide it is too time-consuming to complete.</p> <p>The Business Case is far too difficult to comprehend unless one is legally minded, an economist, a statistician or is used to assimilating facts and figures repeated <i>ad infinitum</i>. It does not make clear the proposals in understandable terms of finance. The details are designed to make the proposals appear acceptable and workable. They do not take in the first principle of patient care, being Patient First.</p>
4		<p>Research on proposals</p>	<p>We have sought the opinions of various organisations. The following points are fully endorsed by Matlock Hospitals League of Friends and form part of our response.</p>
	1	General Public	<p>Quite simply, we have not spoken to a single person who accepts the loss of community beds at Whitworth Hospital as part of the changes.</p>
	2	General Practitioners	<p>The CCG clearly does not speak for all GP Practitioners or even a majority of them. Eminent local GP Dr Peter Holden MB ChB FIMCRCSEd FRCGP DRCOG is highly sceptical about the proposals and vociferously endorses public opinion that Oker Ward should remain open.</p> <p>As with the Public, they predict support services for any new project will not be adequate. Doctors and nurses driving around the countryside is not good use of scarce professional time. GPs are already overstretched within their Surgery time.</p> <p>The severe incapacity of General Practice to cope with sicker people in their homes requires a frequency and intensity level of care beyond that which General Practice can provide.</p>

		<p>Even if the majority of the extra care is delivered by District Nurses and other health care professionals, the default professional to whom they turn is the GP and they simply do not have the time to deal with each matter.</p> <p>The threshold at which GPs will dispatch people to Chesterfield Royal Hospital will need to be very low to maintain the GP service for the remainder of patients.</p> <p>Recent research by The King's Fund ^[3] found a 15 per cent increase in activity in General Practice between 2011/12 and 2014/15, accompanied by a fall in the proportion of the NHS budget allocated to primary care over the same time period and problems recruiting and retaining GPs and practice nurses.</p> <p>General Practice recruitment and staffing is already classified at 'High Risk'. Income is reducing whilst workload is increasing. Less Doctors are training as GPs whilst older Doctors are retiring at an earlier age. If practices are struggling to cover their present workload they will not be able to release Doctors to support Integrated Care Teams.</p>
3	Derbyshire County Council	<p>Briefly, six concerns:</p> <ol style="list-style-type: none"> 1 They cannot accept 'cost shunt' to them 2 The public are not confident in the new plans working 3 A third site for community beds is desirable (minimum) 4 The Public Transport situation is on their agenda for curtailment 5 Respite care & carer support is necessary 6 Staff recruitment & retention is already difficult
4	Derbyshire Dales District Council	<p>At their meeting of 29th September 2016 the members requested that a substantially strengthened response be submitted to the CCG. The council was unanimous in condemning the proposed closure of all beds in The Derbyshire Dales that are provided by North Derbyshire CCG.</p>
5	Parish/Town Councils	<p>Members of Matlock and Darley Town Councils had not seen the proposal document which the League then provided. They are against the proposals to close all beds at Whitworth Hospital and their relocation at Chesterfield Royal Hospital.</p>
6	Political parties	<p>The general consensus from Labour, Conservative, Liberal and Green parties: in favour of retaining all or substantially more community beds than proposed.</p>
7	Churches Together Forum	<p>This group is very concerned over the drastic overall reduction in quantity of beds and particularly local beds. They are against rehabilitation beds being situated at Chesterfield Royal Hospital.</p>

	8	Derbyshire Dales Area Community Forum	This group is very concerned over the drastic overall reduction in quantity of beds and particularly local beds. The League provided the Consultation Document and members filled in the Questionnaire immediately. They want Oker Ward to remain open.
	9	Matlock 50+ Forum	Very concerned and vocal over the drastic overall reduction in quantity of beds and particularly local needs. Members filled in the Questionnaire provided. They do not want Oker Ward to be closed.
5		Overall quantity of Rehabilitation Beds	<p>The proposals suggest genuine hospital care in only 32 of the predicted requirement of 151 beds.</p> <p>This is an astronomical decrease resulting in more GP work which they state cannot be undertaken. 119 patients is far too many to be cared for by Integrated Care Teams. Difficulty in recruiting and retaining staff would reduce the quality of care, increase the length of recovery, resulting in more re-admissions and increase the burden on Ambulance Services.</p> <p>The proposals would result in 8 beds in N Derbyshire (Buxton) offering little flexibility as mentioned in 'Bedded Care Principles, item 5, page 102 of the Business Case.</p> <p>The League finds it unacceptable that North Derbyshire CCG would be providing zero beds in Derbyshire Dales District if the proposals were to go ahead.</p>
6		Location of Rehabilitation Beds	
	1	General comments	Beds must be geographically spread out. Within the Business Case, assumptions are made about outcomes made on research relating to District General Hospitals and extrapolated.
	2	Beds with care	<p>There is no evidence that care homes have the capacity, staff or desire to accept patients in 'beds with care'. The sector suffers from continued staff recruitment difficulties. Ivanbrook Care Home in Darley Dale has had its nursing care qualification cancelled, has been deregistered and clients removed.</p> <p>Hardwick CCG report that the number of care homes in Derbyshire closing or deregistering remains an issue. It has resulted in a loss of 480 beds in the last 18 months.</p>

		<p>3 Community Hospitals</p> <p>4 Chesterfield Royal Hospital</p>	<p>Within the Consultation documentation, no mention is made of the new 'Meadow View' facility next door to the Whitworth Hospital or indeed the possible location of any 'beds with care'. Most members of the public perceive this to be an NHS facility, but it is a County Council Community Care Centre and may or may not be involved in 'beds with care'.</p> <p>A geographical spread is desirable. However, there is a continuing increase in the elderly population in the Derbyshire Dales area, negating the favouring of more deprived areas of the CCG areas involved.</p> <p>A statement was made by Chesterfield Royal Hospital in the 'Review of Acute Hospital Discharge Process report' by the Derbyshire County Council Improvement & Scrutiny (Health) Committee dated September 2016 ^[1]: "It was considered that the local Community Hospitals were crucial in helping patient transition and freeing up acute care beds." There are already issues with discharge from Ashover Ward (geriatric care) at Chesterfield Royal Hospital.</p> <p>In the case of epidemic, norovirus, ward closure or similar there is no fall-back position. Acute beds are already in short supply as indicated by the above statement.</p> <p>There is a risk to quality of care due to lack of timely discharge letters being sent between providers and GP practices. Already poor discharge procedures at Chesterfield Royal Hospital cause bed-blocking and this would be exacerbated by the addition of a rehabilitation ward.</p> <p>We understand that Chesterfield Royal Hospital was agreeable to the consultation programme going ahead but the Board has <u>not</u> agreed as yet to the provision of Community Beds on the Chesterfield Royal Hospital site.</p>
7	1	<p>Services & quality provided at Oker Ward, Whitworth Hospital</p> <p>Avoiding Acute Hospital Admissions</p>	<p>Our research disclosed that the extent of the work currently undertaken on Oker Ward is far greater than rehabilitation. In addition, the ward also provides:</p> <p>The ward takes sub-acute patients who need to be in hospital but do not need acute care. For example, people with chest or urinary tract infections who are too poorly to remain at home or in nursing homes. It also includes admissions directly from home, keeping Chesterfield Royal Hospital beds free. This is crucial as Chesterfield Royal Hospital is frequently on red or black alert.</p>

2	Complex Discharge Planning	This includes the discharge of patients with both physical and mental problems and those who, under legislation, may need decisions making on their behalf. Complex patients also include care for those with safeguarding issues and family problems etc.
3	Failed Discharges	The number of people who are admitted to Oker Ward following a failed discharge from Chesterfield Royal Hospital shows that they are not equipped to undertake complex discharge planning for frail, elderly or cognitive impaired people.
4	Palliative and End of Life Care	Oker Ward does more End of Life Care than any other ward in Derbyshire Community Healthcare NHS Foundation Trust (DCHS) and the quality of this care is being audited by DCHS to capture how compassionate and beautiful this End of Life Care is.
5	Minor Injuries Unit (MIU) ring-fenced Bed	Oker Ward has 27 bed spaces. Even with 26 beds in use it still maintains an MIU bed. This is used for patients that MIU are not happy to send straight home who require more than the target 4 hours for extended monitoring. For example, an elderly person following a fall with a possible head injury who needs neuro-observations.
6	Podiatry	The Consultant who operates at Buxton uses Oker Ward for patients that need 48-hours post-operative monitoring. Since inpatient beds have been reduced in Buxton, he relies on Oker Ward beds to ensure that none of his elective surgeries get cancelled due to lack of post-operation support. He is very keen to keep Oker Ward open.
7	Intravenous (IV) Treatments	By the end of 2016, Oker Ward will be ready to take patients needing IV treatment including IV antibiotics, treatments for heart failure and blood transfusions. The Podiatry Surgeon plans to use Oker Ward for his IV patients.
8	Dementia Care	The CCG proposes to move dementia care to Walton Hospital and this is likely to be a good idea for people who are experiencing a crisis linked to their dementia. However, patients with combined physical and dementia problems tend to get referred to general wards like Oker Ward. Here they benefit from being with patients who are not confused. The Ward has received recognition from the Alzheimer's Society Dementia Action Alliance to acknowledge Oker as a Dementia-Friendly Environment. By the end of 2016, it is expected that 20 members of staff will have a Sterling University City and Guilds accredited qualification in Best Practice in Dementia Care. We recently purchased "My Dementia" Software, which is widely used by patients.
9	Better links with Primary Care	Only at The Whitworth Hospital is there the strong link with Primary Care, so essential for integrated working.

	10	Care Quality Commission (CQC)	<p>The most recent summary showed Whitworth Hospital to be safe, effective, caring, responsive and well-led. A happy ward team translates to a happy patient who is more likely to have a rapid recovery.</p> <p>Oker Ward does so much more than the CCG credits them for and the Hospital Operator, Derbyshire Community Healthcare NHS Foundation Trust is unlikely to be fully aware of the extent of their capabilities.</p> <p>It is illogical to lose such an excellent asset.</p>
	11	Additional issue	<p>Earlier assurance that all other services would remain at Whitworth Hospital is clearly false, since in the Business Case there is a clear indication of the desire to close Whitworth Hospital MIU under a further future consultation (pages 71-74).</p>
8		Clinical and Psychological patient benefits of Community Hospital beds	<p>The Consultation hinges on the theoretical and leading question "would you rather be treated at home?". Of course people would rather be treated at home than hospital, but unfortunately it is sometimes necessary for them to be treated in hospital due to the nature of their illness.</p> <p>Acute hospital admission is only an incident in a disease process and should be for as short a period as possible. The ethos of a district General Hospital is about facilitating this process.</p> <p>Rehabilitation is about making the best of recovery and ensuring that a patient regains as much function as possible to allow a safe and effective return to the community. This should be underpinned by the principles of 'normalisation'. In other words providing an environment which is as close to the normal home environment as possible. This is never going to happen in a district General Hospital. From a psychological point of view, the patient needs to leave the institution associated with acute illness at the earliest possible time, and if necessary, go to a local hospital where a very different and more appropriate form of therapy can be offered.</p> <p>Chesterfield Royal Hospital is unsuitable for the ambience needed for effective rehabilitation care. Moving from an acute ward to a rehabilitation ward at Chesterfield Royal Hospital would seem to be a small step for a patient who is emotionally ready for convalescence. It would mean a much larger step to home care later and may even be too large a step. Making the smaller move may make a person think they have basically not moved. They may feel isolated, have low self-esteem and even be depressed, as they may not feel they are really on the road to recovery. A positive emotional state is a significant factor in the recovery process.</p>

			<p>Rehabilitation at the Chesterfield Royal Hospital appears to be more for the convenience of the NHS Trusts involved, and not necessarily in the best interests of those being cared for.</p> <p>Thus retaining the 24 beds at the Whitworth Hospital is a preferred option for rehabilitation care because it gives confidence and a far better feeling of well-being to those involved and is thus psychologically superior.</p> <p>Quality of patient care must come first and foremost.</p>
9		The building (Oker Ward at Whitworth Hospital)	<p>The existing Oker Ward building at The Whitworth hospital is fully refurbished, up to date, can be totally steam cleaned and has state-of-the-art facilities. It can accommodate up to 27 beds and includes an MIU bed.</p> <p>Clearly there will be a rent and other costs to be paid to Chesterfield Royal Hospital, plus start up costs as detailed in the Business Case.</p>
10		Costing	<p>Extra Money will be required for running a new system in tandem initially since nothing will be removed until new system in place.</p> <p>Extra money will be required to supply equipment in patient's homes which cannot be reused and equipment which would have previously been shared in a hospital setting.</p> <p>The overall cost of implementing the proposals is excessive. Money will be needed to provide Integrated Care team staff with vehicles, fuel and running costs. Training for a different nursing role will be costly.</p> <p>A key issue relating to Oker Ward at The Whitworth hospital is the comparative cost of operating it versus a new ward at Chesterfield Royal Hospital.</p> <p>At a Public Meeting on 11th July 2016, League of Friends Committee member Mr Steven Walker questioned why the figures given seemed to show a ward at Whitworth hospital to be much more expensive than at Chesterfield Royal Hospital when other sources indicated it would be of comparable cost. He asked for more explanation of the figures and whether it was really comparing like with like?</p> <p>Incredibly the panel were unable to answer and despite a number of email exchanges requesting the answer, none has been received at the time of writing this document (30th September 2016).</p> <p>This is a key part of the decision making process and we are astonished that the answer was not immediately available.</p>

11	Public Transport	<p>Derbyshire County Council confirm Public Transport availability is very likely to deteriorate. They are unable to positively contribute to the improvement of travel times of hospital users and visitors should there be fewer sites in operation.</p> <p>Where available (some villages do not have any public transport service), the journey to Chesterfield Royal Hospital takes 3 buses and a walk across Chesterfield town centre to a different bus stop. The latter makes the journey impossible for many elderly or infirm patients, friends and families.</p> <p>Return taxi fares to Chesterfield from our area are in the region of £40.</p>
12	Staff recruitment and retention (Integrated Care teams)	<p>The King's Fund report on District Nursing from August 2016 ^[2] details the existing pressures on Community nursing care:</p> <p><i>It stated that</i> by far the most significant obstacle to delivering good care, which was raised by patients, carers and staff, was the gap between the demands on the service and its capacity to meet those demands given the number of staff in post and their level of skills and experience.</p> <p>This gap was not a new problem in district nursing but it is a problem that has become more acute in the past few years, and looks set to get worse rather than better in the immediate future.</p> <p>A significant shortfall in the workforce was making the pressures for district nursing services worse. Rather than increases to staff numbers and skills in response to rising demand, staff numbers have been static or falling.</p> <p>Recruitment, retention and high staff turnover was described as a 'massive challenge'. The development of a vicious cycle in which staff are working under a great deal of pressure, which results in people leaving district nursing, which makes the demand–capacity gap even bigger, making it even harder to recruit and retain staff as the service becomes an unattractive prospect for would-be recruits. There is already a lack of Community Nursing staff which results in significant clinical risk.</p> <p>Staff, patients and carers gave examples of poor-quality and unsafe care, which some interviewees attributed directly to the impact of the current pressures, including: delays to treatment; less frequent visits; reductions in the amount of preventive care being given and a deterioration in the continuity of care.</p>

			<p>It appears the CCG did not get the full support of Derbyshire County Council in providing the domiciliary care aspect of Joined Up Care.</p> <p>Derbyshire County Council is already subject to criticism for the short time and limited help given by visiting carers. The usual provision of a maximum of 4 x 15 minute visits per day leaves vulnerable patients on their own for the remaining 23 hours.</p> <p>Nursing and care homes are short of staff. In this district homes are constantly advertising for carers and nurses. They seem unable to keep staff and have insufficient time to provide essential training.</p>
13		<p>Public Trust in Consultation</p>	<p>The public trust in the consultation is very low.</p> <p>They find it difficult to see how the public can make a difference when the Consultation is prepared by NHS Professionals who have already decided what they consider to be the best way forward.</p> <p>A lack of statistical analysis in the form X% people think Y seems to offer no access to a way to change the proposals, despite the Business Case being majorly dependent on statistics. We are advised that the Consultation is not a vote or referendum.</p> <p>Derbyshire Community Healthcare NHS Foundation Trust seem strangely nonplussed on the potential future loss of use for various buildings. The public is suspicious there is an pre-existing plan for the Oker Ward building.</p> <p>The NHS panel were not able to answer questions at Public Meetings, particularly relating to costs and also failed to respond in a timely manner afterwards.</p> <p>The CCGs seem more concerned about the number of Questionnaires returned than the questions asked at meetings. The words 'consultation' and 'listening' are frequently used but there is no sign of any understanding of the public concerns.</p> <p>It should also be noted that the First Sedley Principle on Consultations states that nothing is pre-decided. A statement "<i>...when Newholme closes...</i>" was made by a member of the consultation panel at the Public Meeting in Bakewell on 27th July 2016, clearly indicating that the principles have not been adhered to.</p> <p>Healthwatch Derbyshire strongly advocate that the public are seen as a true partner in the Derbyshire Sustainability and Transformation Plan (STP) and that they are given a genuine opportunity to influence the way in which they will be cared for in the future.</p>

			The Derbyshire STP is already in the process of recruitment of a System Management Director. A Programme Director is also sought. The appointment process will start on October 3rd 2016. Applicants need to be focused on the project and this also indicates that the consultation process is not in accordance with the First Sedley Principle.
14		Procurement	<p>Decisions must be made to comply with NHS (Procurement, Patient Choice and Competition) (No.2) Regulations 2013.</p> <p>The real procurement objective is to "To secure the needs of patients and improve quality and efficiency of services". We do not consider that the CCG has assessed patient needs or have evidence that they are improving the quality of the service. Further, we think it is ignoring Patient Choice.</p>
15		Final Remarks	<p>The Consultation uses 'Joined Up Care' and 'Better Care Closer to Home' strap lines - two things that cannot be fully achieved:</p> <ul style="list-style-type: none"> • GPs are not in a position to participate in Joined Up Care and the statement that local Doctors were consulted and agreed to the proposals is a lie. <p>Joined Up Care also depends on Derbyshire County Council and they have advised that 'cost shunt' to them for domiciliary care is not possible. They are not in a position to fully participate in Joined Up Care.</p> <ul style="list-style-type: none"> • For people who need hospital care, reducing the number of sites means that a higher proportion will, without doubt, not have Better Care Closer To Home. <p>Quite simply, Chesterfield Royal Hospital is the wrong place for Community Rehabilitation beds.</p> <p>To retain a larger quantity of existing Community Hospital beds and maintain a fair geographical spread the Whitworth Hospital is the clear choice among the existing sites, not least due to the excellent quality of patient care and recent refurbishment.</p> <p>Oker Ward is the 'jewel in the crown' of the existing Community Hospital Wards. Why then would you wish to remove something you should be proud of and replace it with a future of uncertainty?</p> <p>A better way would be to keep Oker Ward's 24 beds, alongside the 'Meadow View' Social Care facility based on the adjoining site.</p>

			<p>Public support for developing many of your plans for Care in the Home/Joined up Care would then be forthcoming. Oker Ward is real care in the community - your jewel.</p> <p>The Whitworth Hospital also has the most active and wealthy League of Friends which would continue to follow its long standing constitution in supporting the hospital.</p> <p>In conclusion, we urge the CCGs involved to listen to all the responses, consider the 8000+ signature petition handed over at a very well attended Protest March* in Matlock and to retain the beds at Whitworth Hospital.</p> <p>*Link to Protest March/Petition Handover video: https://goo.gl/yit5DU</p>
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- [1]
Derbyshire County Council Improvement & Scrutiny Committee (Health)
Review of Acute Hospital Discharge Process report - September 2016
- [2]
King's Fund
Understanding Quality in District Nursing Services - August 2016
- [3]
King's Fund
Understanding Pressures in General Practice - June 2016